

ANNUAL IMMUNIZATION STATUS REPORT

DISEASE(S)	MEETS IMMUNIZATION REQUIREMENTS		COMMENTS
DTaP	(AGE 1-6 YEARS): 4 doses, with one dose given on or after the 4th birthday, OR any 5 doses.	(AGE 7 OR OLDER): 3 DOSES OF Td or a combination of DTP, DTaP, and Td! to equal 3 doses.	Infants and children in child care centers, shall be appropriately immunized for their age to be in compliance with this regulation (see table below). Pupils after the seventh birthday should receive adult type Td. DTP/Hib vaccine and DTaP also valid DTP doses.
POLIO	(AGE 1-6 YEARS): 3 doses, with one dose given on or after the 4th birthday, OR any 4 doses.	(AGE 7 or OLDER): 3 doses.	Infants and children in child care centers shall be appropriately immunized for their age to be in compliance with this regulation (see table below). Either Inactivated Polio Vaccine (IPV) or Oral Polio Vaccine (OPV) separately or in combination is acceptable. Polio vaccine is not required of pupils 18 years of age or older.
*MEASLES	(AGE 1-6 YEARS): 2 doses of a Measles containing vaccine, if born after 1/1/90 and entering school at the Kindergarten or First Grade level.	(AGE 7 OR OLDER): 1 dose, if born before 1/1/90. 2 doses, if born on or after 1/1/90.	One dose required for children in pre-school, pre-K, or child care centers over 15 months old. Pupils receiving vaccine before their first birthday require reimmunization. Laboratory evidence of immunity is also acceptable. Intervals between first and second measles/MMR/MR doses cannot be less than 1 month.
*RUBELLA and *MUMPS	1 dose Rubella and 1 dose Mumps vaccine OR laboratory evidence of immunity		Same as Measles "Comments" section.
VARICELLA	*(Age 19 months and older) 1 dose on or after first birthday <u>OR</u> Parental /Physician history of disease <u>OR</u> laboratory evidence of immunity **(Kindergarten or grade 1)		*For all enrolled children in preschool/child care centers after 9-1-04 **For pupils first entering kindergarten or grade 1 after 9-1-04 and born on or after 1-1-98.
HAEMOPHILIS B (Hib)	(AGE 2-11 MONTHS): 2 doses	(AGE 12-59 MONTHS): 1 dose	Mandated only for children enrolled in child care, preschool, or pre-Kindergarten. DTP/Hib and Hib/HepB also valid Hib doses.
HEPATITIS B	(KINDERGARTEN OR GRADE 1) * 3 doses HepB vaccine or laboratory evidence of immunity.	(Grade 6)** & (Grade 9-12)*** 3 doses of HepB vaccine or laboratory evidence of immunity.	* For pupils first entering Kindergarten or Grade 1 after 9-1-01, and born after 1-1-96. **For pupils entering Grade 6 after 9-1-01, and born after 1-1-90 *** For pupils in Grade 9-12 after 9-1-04 and born on or before 1-1-90. Also, the special 2-dose Hepatitis B Adult formulation acceptable if both doses were given between 11-15 years of age.

AGE APPROPRIATE VACCINATIONS (FOR CHILD CARE CENTERS)

CHILD'S AGE	NUMBER OF DOSES CHILD SHOULD HAVE HAD
2-3 Months	1 Dose of DTP or DTaP, 1 Dose of Polio, 1 Dose Hib
4-5 Months	2 Doses of DTP or DTaP, 2 Doses of Polio, 2 Doses Hib
6-7 Months	3 Doses of DTP or DTaP, 2 Doses of Polio, 2-3 Doses Hib
8-14 Months	3 Doses of DTP or DTaP, 2 Doses of Polio, 2-3 Doses Hib
12-14 Months	3 Doses of DTP or DTaP, 2 Doses of Polio, 2-3 Doses Hib,
15-17 Months	3 Doses of DTP or DTaP, 2 Doses of Polio, 1 Dose MMR, 1 Dose Hib
18 Months-4 Years	4 Doses of DTP or DTaP, 3 Doses of Polio, 1 Dose MMR, 1 Dose Hib, 1 Dose Varicella

INSTRUCTIONS

- Screen all school health records for immunization requirements as shown in the above chart.
- Send out parental notices for pupils lacking doses, requiring provisional admission and requesting medical or religious exemptions.
- After the return of documentation (Provisional Admittance, Medical and Religious Exemptions), fill in the "Annual Immunization Status Report" (IMM-7). For the grade levels requested, record the *number* of students in the appropriate category.
 Column A- Fill in the *number* of students who meet all of the immunization requirements.
 Column B- Fill in the *number* of students who have a provisional admittance.
 Column C- Fill in the *number* of students who are exempt because of medical contraindications.
 Column D- Fill in the *number* of students who are exempt because of religious exemptions.
 Column E- Fill in the *number* of students whose status is unknown.
- The report is due *December 1 of each academic year, unless notified otherwise by the State.*
 - Electronic submission **to the New Jersey Department of Health and Senior Services.**
 - Printed copy **goes to Your Local Department of Health.**
 - Printed copy **is retained for Your Files.**

*Note: Dose Requirement does not apply to college students. See Higher Education Law N.J.A.C 8:57-6.1 to 8:57-6.16.